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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:13

DOCUMENT # **L03564 (6)**
1. Corporation Name
UNIT DISTRIBUTION OF MISSOURI, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1301 GULF LIFE DRIVE, STE 1800 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/21/1989** 3a. Date of Last Report **04/13/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1301 RIVERPLACE BLVD** 26 **1301 RIVERPLACE BLVD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 1200** 27 **SUITE 1200**
City & State City & State
23 **JACKSONVILLE, FL** 28 **JACKSONVILLE, FL**
Zip Country Zip Country
24 **32207** 25 **USA** 29 **32207** 30 **USA**

4. FEI Number **59-2062515** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.05, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed or printed below name of registered agent and 1501 Park Avenue, Tallahassee, Florida 32304)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DV MOORE, DANIEL D 1800 GULF LIFE TOWER JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY ST ZIP	T DUNN, E. PAUL JR 1800 GULF LIFE TOWER JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY ST ZIP	DP ELSTON, WILLIAM S. 1800 GULF LIFE TOWER JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY ST ZIP	S MATSON, J. M 1800 GULF LIFE TOWER JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY ST ZIP	AS LEVIN, JOHN D. 120 S. RIVERSIDE PLAZA CHICAGO IL
TITLE NAME STREET ADDRESS CITY ST ZIP	V HEINEN, PAUL A. 120 S. RIVERSIDE PLAZA CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
17 NAME 18 STREET ADDRESS 19 CITY ST ZIP	DV/S Daniel D. Moore 1301 Riverplace Blvd, Sk 1200 Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME 22 STREET ADDRESS 23 CITY ST ZIP	P/D JOSEPH A NICOSIA 1301 Riverplace Blvd, Sk 1200 Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME 32 STREET ADDRESS 33 CITY ST ZIP	T E PAUL DUNN JR. 500 W. MONROE CHICAGO, IL 60661 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME 42 STREET ADDRESS 43 CITY ST ZIP	D MICHAEL J. GARDNER 1301 RIVERPLACE BLVD. JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME 52 STREET ADDRESS 53 CITY ST ZIP	AS JOHN D. LEVIN 500 W. MONROE CHICAGO, IL 60661 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME 62 STREET ADDRESS 63 CITY ST ZIP	AT SANDRA K. BRANDT 500 W. MONROE CHICAGO, IL 60661 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: **Daniel D. Moore** **4/28/95** **(904) 396-2517**

SIGNATURE AND PRINTED NAME OF CURRENT OFFICER OR DIRECTOR